

**PM PALLIATIVE CARE
ROTATION DESCRIPTION**

Residency Program	Mandatory	Elective	N/A
Hospital		X	
Hospital Oncology		X	
Primary Care			X
HIV (Year 2)		X	

SITE/PRECEPTOR:

Princess Margaret (PM) Cancer Centre: Ara Cho

DURATION:

4 weeks

OUTCOMES:

The resident will develop the clinical knowledge, skills, and professional values to:

- A. provide evidence-based patient care as a member of the interprofessional team
- B. provide medication- and practice-related education
- C. exhibit ability to manage one's own practice of pharmacy

for patients admitted to the Palliative Care service at Princess Margaret Cancer Centre.

GOALS and OBJECTIVES:

Please refer to the *University Health Network/McGill University Health Centre HIV Advanced (Year 2) Pharmacy Residency Program: Clinical Rotation Goals and Objectives* document for the overall goals and objectives for this clinical rotation.

In addition, residents will be expected to be able to:

1. Prioritize the delivery of care to individuals with cancer which includes:
 - deciding which individuals to focus on if given limited time and multiple patient care responsibilities
 - explaining factors to consider when determining priority for care among patients
2. Explain physical, emotional, and psychosocial/spiritual factors that may create barriers to receiving and participating in patient-centred palliative care for patients with cancer and their loved ones.
3. Develop and implement a patient-centred pharmacy care plan to achieve optimal patient outcomes for palliative patients by incorporating patient's values and the principles of shared decision-making into his/her own practice.
4. Describe the role and recommend management strategies for complementary and alternative medications in palliative patients.
5. Recommend pharmacological and non-pharmacological therapies for common symptom management issues in palliative patients including:
 - a. pain (including nociceptive, neuropathic, and total pain)
 - b. nausea/vomiting
 - c. constipation

- d. diarrhea
 - e. gastrointestinal obstruction
 - f. dyspnea
 - g. delirium
 - h. oral care
 - i. loss of appetite
 - j. anxiety
 - k. depression
 - l. fatigue
 - m. insomnia
 - n. myoclonus and seizures
 - o. palliative sedation
 - p. hypercalcemia
 - q. bleeding
 - r. ascites
6. Identify and recommend alternate routes of medication administration based on pharmacokinetics, pharmacodynamics and evidence for palliative care patients.
 7. Identify and recommend appropriate VTE prophylaxis and treatment options in palliative care patients, and develop a comprehensive monitoring plan.
 8. Discuss cancer-related pain management:
 - Define the different types of pain that may be encountered by palliative patients
 - Explain the role of a Continuous Ambulatory Delivery Device (CADD) (limitations, benefits)
 - Assess pain and recommend treatment options for assigned patients
 9. Compare the various pharmacological (opioid and non-opioid) and non-pharmacological agents used in the management of cancer-related pain and be able to perform dose conversions between opiate agents and dosage forms.
 10. Monitor and interpret the results of physical findings, and clinical report to assess a patient's response to and need for treatment.
 11. Explain the role of each member of the inter-professional palliative care team, and work collaboratively together to provide patient-centred care. Recognize overlapping and shared responsibilities with inter- and intra- professional healthcare providers for episodic or ongoing care of patients.
 12. Discuss ethical issues related to the care of the assigned patients.
 13. Understand the compassion, fatigue/caregiver burnout and recommend self-care strategies.
 14. Understand the UHN Medical Assistance in Dying (MAID) process:
 - understand the difference between palliative support and MAID
 - understand eligibility criteria for MAID
 - recognize the assessment process and steps involved from MAID request to administration
 - explain the role of the pharmacist in relation to the Ontario College of Pharmacy guidelines/standards, and mandated federal reporting
 - describe the operational components of the process including understanding the MAID kit components
 - consider and discuss the bioethical considerations for both patients/families and staff
 - identify necessary supports for both patients and staff

DESCRIPTION:

During this 4-week rotation, residents will be providing pharmaceutical care to patients admitted to the acute Palliative Care Unit in a downtown, tertiary-care teaching hospital with a multi-disciplinary approach to patient care, research and teaching. The main focus is the management of cancer-related symptoms and complications.

Teaching will be facilitated by a variety of means including self-directed learning, multi-disciplinary patient care, resident-preceptor therapeutic discussions, multi-disciplinary teaching rounds (time and schedule permitting), and pharmacy department rounds (clinical sharing sessions, clinical foundations, journal clubs, resident presentations).

Residents can expect to participate in peer-to-peer teaching and learning.

RESIDENT RESPONSIBILITIES:

The resident will:

1. Provide previous rotation assessment, longitudinal knowledge tracking, and rotation specific objectives to preceptor at start of rotation.
2. Provide evidence-based patient care to patients selected by the resident and preceptor according to the rotation objectives and the resident's experience and interest. The number of patients selected will vary from resident to resident, but an estimate of the expectation is 2 to 4 new patients/week.
3. Participate in interprofessional team rounds or patient care rounds.
4. Meet daily with preceptor. Specific meetings include:
 - pharmaceutical care patient care work-ups
 - pre-determined therapeutic discussions
5. Discuss all recommendations for drug therapy with the preceptor prior to discussing the most responsible physician or other health care professional, unless otherwise arranged with the preceptor in advance.
6. Discuss all written health record documentation with the preceptor prior to documentation in the chart, unless otherwise arranged with the preceptor.
7. Develop and present one presentation to staff pharmacists.
8. Present to nursing, physicians, allied health staff, pharmacy students or technicians depending on need and at the discretion of the preceptor.
9. Complete assigned reading and prepare for therapeutic discussion topics with the preceptor. These may include both required topics chosen by preceptor and elective topics selected by the resident.
10. Complete the following assessments:
 - written midpoint and final self-assessment (forward to preceptor prior to meeting to discuss)
 - verbal and written self-assessment after each presentation
 - written assessment of the rotation and preceptor at the end of the rotation
 - longitudinal knowledge tracking

RESIDENT ASSESSMENT:

Residents will be assessed in the following manner:

- verbal formative feedback provided on a daily basis.
- mid-point meeting and review of resident self-assessment (Clinical Rotation Assessment form)
- written final rotation assessment completed by preceptor (Clinical Rotation Assessment form).

Assessments will be based on patient care work-ups, therapeutic interventions, participation in inter-professional rounds, resident-preceptor therapeutic discussions, case presentations, teaching activities and professional conduct.
